# IOWA MEDICAID

# IOWA PLAN FOR BEHAVIORAL HEALTH

## Proposal for a Section 1915(b) Capitated Waiver Program Waiver Renewal Submittal

## May 2003

# Section F. SPECIAL POPULATIONS

### Section F. SPECIAL POPULATIONS

States may wish to refer to the October 1998 CMS document entitled "Key Approaches To The Use of Managed Care Systems For Persons With Special Health Care Needs" as guidance for efforts to ensure access and availability of services for persons with special needs. To a certain extent, key elements of that guide have been incorporated into this waiver application form.

### I. General Provisions for Special Populations

#### Previous Waiver Period

**a.** [Required for all elements of applicable sections checked in the previous waiver submittal] Please provide results from all monitoring efforts for each subpopulation noted in the previous waiver, including a summary of any analysis and corrective action taken, to determine the level of compliance with State requirements in the area of special populations for the previous waiver period [items F.I.a-g of the 1999 initial preprint; as applicable in 1995 preprint, item F.I. Upcoming Waiver Period, 1999 Renewal Waiver Preprint].

**RESPONSE:**
**State uses the following reports to monitor the certain activities for the**

**identified subpopulation.**

**1. State monitored the unduplicated count of subpopulations receiving services (PI-M #24):**

- **On a monthly basis, the number of enrolled High Need children ranged from 634 to 755 (Jul/01-Oct/02). The percent receiving services during the month ranged from 45% to 60%.**
- **On a monthly basis, the number of enrolled High Need adults ranged from 742 to 1059 (Jul/01-Oct/02). The percent receiving services during the month ranged from 79% to 88%.**
- **FOLLOW-UP: Monitoring shows acceptable patterns. No special follow-up action required.**

**2. State monitored Joint Treatment Planning services for "at risk" enrollees (PI-M #18):**

- **On a monthly basis, the number of enrollees identified as at risk ranged from 82 to 141 (Jul/01-Oct/02). At risk clients receive weekly monitoring and JTP as indicated.**
- **FOLLOW-UP: Monitoring shows acceptable patterns. No special follow-up action required.**

**3. State monitored average time between mental health hospitalizations (PI-I #2):**

- **On a monthly basis, the number of days between discharge and readmission for enrolled High Need children readmitted to inpatient hospital ranged from 47 to 62 (Jul/01-Oct/02).**
- **On a monthly basis, the number of days between discharge and readmission for enrolled High Need adults readmitted to inpatient hospital ranged from 65 to 90 (Jul/01-Oct/02).**
- **FOLLOW-UP: Monitoring showed that the average time between mental health hospitalizations for children decreased below the target level of 60 days during the last half of calendar year 2002. The PIPH QI committee monitors the readmission rates and reports that the PIHP is working with providers to address this issue, but has not identified the cause. State has directed that the 2003 medical audit by the Iowa Foundation for Medical Care (IFMC), the Iowa PRO, focus on factors that may contribute to children's readmission to inpatient care**

**4. State monitored number of discharges to emergency shelters. (PI-P #3)**

- **On a quarterly basis, the percent of discharges to shelter for enrolled children ranged from .25% to1.38% (Jul/01-Oct/02), well below the < 3% standard.**
- **FOLLOW-UP: Monitoring shows acceptable patterns. No special follow-up action required.**

**Focused study to improve performance:**

**The PIHP implemented a study to collect data related to changes in functioning of High Need Iowa Plan enrollees. During the prior waiver period, the PIHP collected approximately 2000 scores for High Need enrollees receiving targeted case management services.**

- **The findings from the study showed that 53% of adult enrollees either showed an improvement in functioning or remained the same. The remaining 47% showed a decline in functioning. Eighty-three percent of the declining scores declined by 10 or fewer points. It should be noted that the instrument measures large shifts in functioning, i.e., 15 -20 points is considered to be significant. The findings appeared to reflect and confirm the serious and persistent nature of the symptoms of adult clients meeting High Need status.**
- **For High Need children/adolescents, scores were submitted on 288 enrollees: 74% had one score submitted (on-going); 26% had two or m9ore scores submitted. The findings from the study showed that 55% indicated an improved level of functioning; 8% remained the same; 37% decreased.**
- **The PIHP QI Committee continues to discuss how to best utilize the data on functioning to determine how services influence the level of client functioning in the community. The PIHP anticipates that additional data analysis will focus on clients with significant changes in functioning scores and the variables that may have influenced the change.**

**b.** Please describe the transition plan for situations where an enrollee with special health care needs will be assigned to a new provider when the current provider is not included in the provider network under the waiver.

**RESPONSE:**

**If the specialist provider of an enrollee with special health care needs is not a network provider, the PIHP, at the request of the enrollee or provider, can authorize services by the out-of-network provider through an ad hoc arrangement to provide specializes services if an appropriate network provider is not available to meet the individualized need. State's antidotal knowledge, based on information related to State at weekly management meetings between State and the PIHP's administrative staff, is that the Iowa Plan PIHP has, on multiple occasions, initiated an ad hoc arrangement with a new enrollee's out of network provider upon request, then worked with the provider to initiate a contract with the provider.**

**Enrollment begins with the month of application for Medicaid to maximize continuity of Medicaid services. Any enrollee with a history of services from a non-network provider may request their provider join the PIHP's network in accordance with the "any willing provider" requirement as stated in contract section B.I.a.12.**

**Upcoming Waiver Period** -- Please check all items that apply to the State.

**a. _X_** The State has a specific definition of "special populations" or "populations with special health care needs." The definition should include populations beyond those who are SSI or SSI-related, if appropriate, such as persons with serious and persistent mental illness, and should specify whether they include adults and/or children. Some examples include: Children with special needs due to physical and/ or mental illnesses, Older adults (over 65), Foster care children, Homeless individuals, Individuals with serious and persistent mental illness and/or substance abuse, Non-elderly adults who are disabled or chronically ill with developmental or physical disability, or other. Please describe.

**RESPONSE:**

**Within a mental health and substance abuse carve out waiver, such as the Iowa Plan, certain clients are distinguished by their on-going and significant utilization of medically necessary mental health and/or substance abuse treatment services. During the development and implementation of the Iowa Plan, State met with mental health professionals, consumers, providers, advocates, social workers, DHS local administrators, juvenile court staff, and the Iowa Plan Advisory Committee to define the special population referred to as High Need clients.**

**HIGH NEED CLIENTS:**

**The intent of State was to focus on a defined subgroup of individuals with chronic mental health and/or substance abuse needs in order to understand the used and planning done with and on behalf of such individuals, and require certain activities, monitoring and reporting. In order to define this population State started with definitions of persons with Serious and Persistent Mental Illness (SPMI) and children with Serious Emotional Disabilities (SED). The challenge for State was to determine how to operationalize those definitions for tracking and reporting based on the information available through the PIHP's data information systems. State discussed this with the Iowa Plan Advisory Committee and consulted with a mental health professional at the University of Iowa Department of Psychiatry to explore how to operationalize a definition to identify high need**

**enrollees within the Iowa. Through a process which began prior to September 1998 and continued through May 1999, and included monthly review and input from the Iowa Plan Advisory Committee and several "data test runs" by the Iowa Plan PIHP, State defined the target population as high need based on the criteria stated below:**

**HIGH NEED Criteria for Iowa Plan Adults**

**The following criteria must be met for an adult enrollee to be identified as High Need:**

- **Covered Iowa Plan Diagnosis and:**
- **GAF score not exceeding 40 for a continuous 6 month period based on authorization data or**
- **use of community-based services such as Supported Community Living, ACT, or TCM for more than 3 months in a 6 month time period (based on claims data) and total claims cost during a 12 month period exceeding $5,000 or**
- **within a 6 month time period, the client meets one of the following:**
  - **40 days of Day Treatment or Intensive Outpatient**
  - **20 days of Partial Hospitalization**
  - **10 days of Subacute, Respite, or Inpatient**
  - **60 days of any of the above services and total claims cost during a 12 month period exceeding $5,000 or**
- **30 days or more of substance abuse Primary Residential in a 12 month period**

**HIGH NEED Criteria for Iowa Plan Children and Adolescents**

**The following criteria must be met for a child or adolescent enrollee to be identified as High Need:**

- **Covered Iowa Plan Diagnosis and:**
- **GAF score not exceeding 50 for 3 months of a six month time period based on authorization data or**
- **within a 6 month time period, the client meets one of the following:**
  - **20 days of Day Treatment or Intensive Outpatient**
  - **48 Units of Outpatient Services**
  - **20 days of Partial Hospitalization**
  - **10 days of Subacute, Respite, or Inpatient**
  - **80 days/units of any of the above services and total claims cost during a 12 month period exceeding $5,000 or**
- **30 or more days of substance abuse Residential in a 12 month period**

**b._ X_**There are special populations included in this waiver program.
Please list the populations.

**RESPONSE:**

1. **HIGH NEED adult enrollees**
2. **HIGH NEED child/adolescent enrollees**

**c._ X_** The State has developed and implemented processes to collaborate and coordinate with, on an ongoing basis, agencies that serve special needs clients, advocates for special needs populations, special needs beneficiaries and their families. If checked, please briefly describe.

**RESPONSE:**

**FOR HIGH NEED CLIENTS:**

- **The PIHP roundtables provide for on going input from mental health advocacy groups, consumers and family members, providers, other stakeholders. Membership in the roundtables includes such groups as National Alliance for the Mentally Ill – Iowa; Iowa Federation for Families for Children's Mental Health; Iowa Mental Health Recovery and Advocacy; Iowa Foster and Adoptive Parents Association. See section A for a description of the roundtables and membership.**
- **The PIHP was required to communicate with each county Central Point of Coordination (CPC) at the beginning of the waiver regarding procedures for the coordination of service delivery and service planning. On an on-going basis, the PIHP routinely attends CPC monthly meetings to discuss Iowa Plan services, policies, and coordination of care.**

**d. _X_** The State has programs/services in place which coordinate and offer additional resources and processes to ensure coordination of care among:

1._ **X_** Other systems of care (Please specify, e.g. Medicare, HRSA Title V grants, Ryan White CARE Act, SAMHSA Mental Health and Substance Abuse Block Grant Funds)

**RESPONSE:**

**SAMHSA Block Grant: The Iowa Plan contract includes a separate funding stream from Iowa Department of Public Health's state and SAMHSA Substance Abuse Block Grant funds to provide for substance abuse treatment services for persons who are not eligible for Medicaid. The Iowa Plan contractor is responsible for monitoring the separate funding stream and assuring no duplication of payment and appropriate use of each funding stream.**

2._ **X** State/local funding sources

**RESPONSE:**

**In Iowa, county government funds certain local services for person with chronic mental illness who have "legal settlement" in the county. These services vary from county to county, but typically, these services are residential or employment related supportive services. The PIHP is required to meet with county government staff on an on-going basis to discuss issues and maximize coordination across these two systems.**

**State funded services for the mentally ill: The Iowa Plan contract includes a separate funding stream from the Iowa Department of Human Services to provide certain services for persons who do not meet the criteria for "legal settlement" with chronic mental illness which would typically be provided by the county for county residents (described in previous paragraph). This program, called the State Payment Program, typically funds employment, residential and supportive services not payable through Medicaid and may fund certain Medicaid-type services for persons not eligible for Medicaid. The Iowa Plan contractor is responsible for administering the separate funding stream, including monitoring to assure no duplication of payment and appropriate use of each funding stream.**

3.___ Other (please describe):

**e. _X_** The State has in place a process for ongoing monitoring of its listed special populations by special needs subpopulation included in the waiver in the following areas:

1._ **X**_ Access to services (please describe):

**RESPONSE:**

- **Monitor unduplicated count of subpopulations receiving services. (PI-M #23)**

2._ **X**_ Quality of Care (please describe):

**RESPONSE:**

- **Receive Joint Treatment Planning services (PI-M #17)**

3._ **X**_ Coordination of care (please describe):

**RESPONSE:**

- **Average time between mental health hospitalizations. (PI-I #2)**

- **Number of discharges to emergency shelters. (PI-P #3)**

4.___ Enrollee satisfaction (please describe):
5.___ Other (please describe):

**f._ X** The State has standards or efforts under way regarding a location's physical Americans with Disabilities Act (ADA) access compliance for enrollees with physical disabilities. Please briefly describe these efforts, and how often compliance is monitored.

**RESPONSE:**

**State requires the PIHP to comply with all aspects of the Federal Americans with Disabilities Act (ADA) and to ensure that all its facilities are accessible to handicapped individuals, or have written policies and procedures that outline how disabled individuals can gain access to the facility for services. (Iowa Plan contract section 14.0)**

**The PIHP requires that the offices/facilities of all contracted providers which provide services through the Iowa Plan must meet established standards (ADA) for access by the disabled. The PIHP monitors providers' compliance as part of the on-site retrospective clinical review process.**

**g. _X_** The State has specific performance measures and performance improvement projects for their populations with special health care needs. Please identify the measures and improvement projects by each population. Please list or attach the standard performance measures and performance improvement projects:

**RESPONSE:**

**Performance measures:**

- **Monitor unduplicated count of subpopulations receiving services. (PI-M #23)**
- **Receive Joint Treatment Planning services (PI-M #17)**
- **Average time between mental health hospitalizations. (PI-I #2)**
- **Number of discharges to emergency shelters. (PI-P #3)**

**Focused study to improve performance:**

**The PIHP has implemented an on-going study to collect data related to changes in functioning of High Need Iowa Plan enrollees. During the prior waiver period, the PIHP collected approximately 2000 scores for High Need enrollees receiving targeted case management services. The findings from those activities are outlined in section F.I.a**

**During the up-coming waiver period, the PIHP QI Committee will work with stakeholders and utilize the data on functioning to determine how services influence the level of enrollee functioning in the community. The PIHP anticipates that additional data analysis will focus on clients with significant changes in functioning scores and the variables that may have influenced the change.**

## II. State Requirements for MCOs/PIHPs/PAHPs

### Previous Waiver Period

a. [Required for all elements checked in the previous waiver submittal] Please provide results from all monitoring efforts for each subpopulation noted in the previous waiver, including a summary of any analysis and corrective action taken, to determine the level of compliance with State requirements in the area of special populations for the previous waiver period [items F.II.a-h of the 1999 initial preprint; as applicable in 1995 preprint, item F.II. Upcoming Waiver Period, 1999 Renewal Waiver Preprint].

**RESPONSE:**

**1) In the previous waiver period, State required and received the following data for subpopulations to document access, quality and coordination:**

**A. State monitored the unduplicated count of subpopulations receiving services (PI-M #24):**

- **On a monthly basis, the number of enrolled High Need children ranged from 634 to 755 (Jul/01-Oct/02). The percent receiving services during the month ranged from 45% to 60%.**
- **On a monthly basis, the number of enrolled High Need adults ranged from 742 to 1059 (Jul/01-Oct/02). The percent receiving services during the month ranged from 79% to 88%.**
- **FOLLOW-UP: Monitoring shows acceptable patterns. No special follow-up action required.**

**B. State monitored Joint Treatment Planning services for "at risk" enrollees (PI-M #18):**

- **On a monthly basis, the number of enrollees identified as at risk ranged from 82 to 141 (Jul/01-Oct/02). At risk clients receive weekly monitoring and JTP as indicated.**
- **FOLLOW-UP: Monitoring shows acceptable patterns. No special follow-up action required.**

**C. State monitored average time between mental health hospitalizations (PI-I #2):**

- **On a monthly basis, the number of days between discharge and**

**readmission for enrolled High Need children readmitted to inpatient hospital ranged from 47 to 62 (Jul/01-Oct/02).**

- **On a monthly basis, the number of days between discharge and readmission for enrolled High Need adults readmitted to inpatient hospital ranged from 65 to 90 (Jul/01-Oct/02).**
- **FOLLOW-UP: Monitoring showed that the average time between mental health hospitalizations for children decreased below the target level of 60 days during the last half of calendar year 2002. The PIPH QI committee monitors the readmission rates and reports that the PIHP is working with providers to address this issue, but has not identified the cause. State has directed that the 2003 medical audit by the Iowa Foundation for Medical Care (IFMC), the Iowa PRO, focus on factors that may contribute to children's readmission to inpatient care**

**D. State monitored number of discharges to emergency shelters. (PI-P #3)**

- **On a quarterly basis, the percent of discharges to shelter for enrolled children ranged from .25% to1.38% (Jul/01-Oct/02), well below the < 3% standard.**
- **FOLLOW-UP: Monitoring shows acceptable patterns. No special follow-up action required.**

**2) In the previous waiver period, State required the PIHP to work with network providers and the child welfare system to assure that a safe and appropriate living arrangement was available for enrollees being discharged from a PIHP funded 24-hour level of care. The contract requires the PIHP to authorize, on an administrative basis, up to 14 calendar days of additional funding if an safe and appropriate discharge destination is not available for enrollees under age 18. The requirement is targeted for Child Welfare Service Recipients, but would apply to all enrollees who meet the criteria established in the contract.**

**During the previous waiver period and based on stakeholder input, State established administrative rules which mirrored the contractual requirement for the 14 days funding.**

**3) In the previous waiver period, the PIHP monitored an average of 101 enrollees each month who were "At-Risk" based on the following criteria and implement joint treatment planning services for those enrollees to assure engagement, coordination of interventions, and continuity of services:**

**Enrollees who are At-Risk are those who meet at least one of the following criteria:**

**A. Re-admitted within 30 days to inpatient or sub-acute due to medication compliance issues**

**B. HIV+, Pregnant, TB with active symptoms, IV drug user**
**C. Currently suicidal with plan, access, intent, and has there been a previous lethal suicide attempt requiring medical attention within the last year**
**D. Current homicidal ideation with a plan, means, access and a history of violence**
**E. Current suicidal ideation and has had significant losses within last 6 months, such as social, physical, financial, legal losses**
**F. Has dual diagnosis, with active symptoms of both chemical dependency and mental health, which contributes to clinical instability and is likely to complicate treatment**
**G. Other criteria, based on the Iowa Plan care management staff's clinical judgment, client needs to be monitored as At Risk.**

**Upcoming Waiver Period** Please check all the items that apply to the State or MCO/PIHP/PAHP.

a. **_X_** The State has required care coordination/case management services the MCO/PIHP/PAHP shall provide for individuals with special health care needs. Please describe by population.

**RESPONSE:**
**The PIHP was required to coordinate care with county Central Point of Coordination (CPC) staff when appropriate to assure coordination of service delivery and service planning. On an on-going basis, the PIHP routinely attends CPC monthly meetings to discuss Iowa Plan services, policies, and coordination of care.**

b.___ As part of its criteria for contracting with an MCO/PIHP/PAHP, the State assesses the MCO/PIHP/PAHP's skill and experience level in accommodating people with special needs. Please describe by population.

c._ **X** The State requires MCOs/PIHPs/PAHPs to either contract or create arrangements with providers who have traditionally served people with **mental health** special needs, ~~for example, Ryan White providers and agencies which provide care to homeless individuals. If checked, please describe by population.~~

d._ **X** The State has provisions in contracts with MCOs/PIHPs/PAHPs that allow beneficiaries who utilize specialists frequently for their health care to be allowed to maintain these types of specialists as PCPs. If not checked, please explain by population.

**RESPONSE:**

**Beneficiaries may access any network mental health or substance abuse provider. If a beneficiary's provider is not contracted, the "any willing provider" requirement for the PIHP's network allows appropriately licensed or accredited providers to join the network.**

e._ **X** The State collects or requires MCOs/PIHPs/PAHPs to collect population-specific data for special populations. Please describe by population.

**RESPONSE:**

**State requires the PIHP to report data for High Need enrollees to document access, quality and coordination:**

- **A. The unduplicated count of subpopulations receiving services (PI-M #23):**
- **B. Joint Treatment Planning services for "at risk" enrollees (PI-M #17):**
- **C. Average time between mental health hospitalizations (PI-I #2):**
- **D. Number of discharges to emergency shelters. (PI-P #3)**

f._ **X** The State requires MCOs/PIHPs/PAHPs that enroll people with special health care needs to provide special services, have unique medical necessity definitions and/or have unique service authorization policies and procedures.

1. **X** Please note any services marked in Appendix D.2.S that are for special needs populations only by population.

   **RESPONSE:**
   **Because the waiver covers mental health and substance abuse treatment services, the services provided under the waiver would be appropriate for special populations, but are available to all enrollees.**

2. **X** Please note any unique definitions of "medically necessary services" for special needs populations by population.

   **RESPONSE:**
   **The definitions of "psychosocial necessity" and "service necessity", as stated in C.II.c, take into consideration the unique needs of persons with mental illness and substance abuse treatment needs. The definitions apply for all enrollees, including special populations.**

3. **X** Please note any unique written policies and procedures for service authorizations for special needs populations by population. For

example, are MCOs required to coordinate referrals and authorizations of services with the State's Title V agency for any special needs children who qualify for Title V assistance?

**RESPONSE:**
**State requires the PIHP to assure no enrollee is discharged from a PIHP funded 24-hour level of care until a safe and appropriate living arrangement is available. The PIHP is required to authorize on an administrative basis up to 14 calendar days of additional funding if a safe and appropriate discharge destination is not available for enrollees under age 18.**

g._ **X** The State requires MCOs/PIHPs/PAHPs to identify individuals with complex or serious medical conditions in the following ways:

1._ **X**_ An initial and/or ongoing assessment of those conditions
**RESPONSE:**
**The PIHP arranges for initial and on-going functional assessments of High Need clients.**

2.___ The identification of medical procedures to address and/or monitor the conditions.

3.___ A treatment plan appropriate to those conditions that specifies an adequate number of direct access visits to specialists to accommodate implementation of the treatment plan.

4._ **X** Other (please describe):
**RESPONSE:**
**State requires the PIHP to identify enrollees with complex or serious mental health or substance abuse treatment service in the following manner:**

- **High Need enrollees are identified by review of the PIHP's authorization and utilization (claims) data on a periodic basis.**
- **The PIHP routinely includes questions about both mental health and substance abuse symptoms in the authorization process. An additional screening tool is used at initial authorization when co-occurring mental health and substance abuse symptoms are suspected or presented. When dual diagnosis concerns do not arise at admission, care management staff may complete the screening tool during continued stay reviews.**
- **The PIHP identifies enrollees who are At-Risk based on the following criteria and implement joint treatment**

**planning services to assure engagement, coordination of interventions, and continuity of services.**

**Enrollees who are At-Risk are those who meet at least one of the following criteria:**

1. **Re-admitted within 30 days to inpatient or sub-acute due to medication compliance issues**
2. **HIV+, Pregnant, TB with active symptoms, IV drug user**
3. **Currently suicidal with plan, access, intent, and has there been a previous lethal suicide attempt requiring medical attention within the last year**
4. **Current homicidal ideation with a plan, means, access and a history of violence**
5. **Current suicidal ideation <u>and</u> has had significant losses within last 6 months, such as social, physical, financial, legal losses**
6. **Has dual diagnosis, with <u>active symptoms</u> of both chemical dependency and mental health, which contributes to clinical instability and is likely to complicate treatment**
7. **Other criteria, based on the Iowa Plan care management staff's clinical judgment, client needs to be monitored as At Risk.**

h.___ The State specifies requirements of the MCO/PIHPs/PAHPs for the special populations in the waiver that differ from those requirements described in previous sections and earlier in this section of the application. Please describe by population.